

4-27-1981

## McFadden, M.D., Harry W.

University of Nebraska Medical Center

Follow this and additional works at: [https://digitalcommons.unmc.edu/oral\\_hist](https://digitalcommons.unmc.edu/oral_hist)

 Part of the [History Commons](#), and the [Medicine and Health Sciences Commons](#)

---

### Recommended Citation

University of Nebraska Medical Center, "McFadden, M.D., Harry W." (1981). *Oral Histories*. 6.  
[https://digitalcommons.unmc.edu/oral\\_hist/6](https://digitalcommons.unmc.edu/oral_hist/6)

This Book is brought to you for free and open access by the Special Collections at DigitalCommons@UNMC. It has been accepted for inclusion in Oral Histories by an authorized administrator of DigitalCommons@UNMC. For more information, please contact [digitalcommons@unmc.edu](mailto:digitalcommons@unmc.edu).



Harry W. McFadden

Monday, April 27, 1981

The interview is being conducted by Bernice M. Hetzner, Emeritus Professor,  
McGoogan Library of Medicine.

Hetzner Dr. McFadden, will you start this record off by telling us what your current title is at the University of Nebraska Medical Center because you've had so many titles that let's set the record straight for the

McFadden Currently I am Professor and Chairman of the Department of Medical Microbiology; also a Professor of Pathology.

Hetzner You're a native of Nebraska?

McFadden That's correct. I was born in Nebraska in 1919 and lived in the town of my birth until I was in the sixth grade in grammar school at which time we moved to a suburb of Chicago, Illinois, and lived there with my family until the end of my junior year in high school, at which time we moved to Sioux Falls, South Dakota, where I finished high school and subsequently I moved to the University of Nebraska in Lincoln.

Hetzner Your father was a physician, wasn't he?

McFadden Yes, that's correct, and practiced in Lewellen, Nebraska, initially, and following that in approximately 1913 went to Greenwood, Nebraska, where he practiced until we moved to Chicago. When we moved to Chicago he entered the Veterans Administration Service, and subsequently, during World War II was in the armed services as he had been in World War I, and finished his career in the Veterans Administration Service ultimately here in Omaha, and he died in 1969.

Hetzner When did you decide you wanted to be a doctor? Was it just all your life you were going to be a doctor?

McFadden I guess that's difficult for me to say and be honest about it. It's been so long ago that I take it for granted that that's what I had decided to be and wanted to be. I'm sure that's not true. During those formative years I'm

sure my parents were very careful not to encourage me or discourage me.

Hetzner Your father, your parents were careful to let you make your own choices, I'm sure.

McFadden Yes, very much so, and I was very interested in things of history, geography, biology, and those general areas throughout high school. Fortunately, the two high schools I attended were very large, multi-disciplinary high schools which offered me a great opportunity to participate in a variety of coursework and programs, including debate, athletics and the like, and so by the time I went to college, I knew I had great interests in chemistry and biology, considerable interest in biology, and I think either by the time I went to college or early in that career, I decided I wanted to go into medicine.

Hetzner And you went to college at the University of Nebraska at Lincoln?

McFadden That's correct. I started there in 1937, September of that year, and went three years to UN-L. During that time I took a heavy course load so I was admitted after my junior year to medicine. After my first year of medicine I had sufficient credits to graduate with a Bachelor of Arts degree from UN-L in 1941.

Hetzner So then you entered medical school about 1940?

McFadden 1940, in September.

Hetzner There were rumblings of war at that time, weren't there?

McFadden Yes. Actually, at the time of admission I think relatively little thought was given to involvement by our nation in that matter, at least among people who were working every day and going to school and things of that sort. However, during my medical education career, of course things became more complicated. We were, most of us, male members of the class, in one of the armed services, either the army or the navy, and I happened to be in the army program. At first we were in a reserve program, ultimately in the so-called ASTP program, during the final part of my <sup>medical</sup> school days. During that time we wore uniforms; I had spent quite a bit of time in the artillery at Lincoln . . .

Hetzner In ROTC?

McFadden In ROTC although I hadn't, because I came to medical school at the end of my junior year, I hadn't completed it so I didn't have any serious consideration about going into the service in the artillery and I was quite far along in medical education at the time of the United States' actual involvement in war. And so I didn't have any more than the usual concern, I'm sure, of students at that time about entering the service early.

Hetzner Was there an accelerated program at that time?

McFadden Yes, our program was accelerated during the time I was in school. Our particular class graduated in December of 1943, and our class was accelerated approximately six months. Normally we would have graduated in May or June, 1944. Subsequent classes were speeded up approximately one year in the four-year program.

Hetzner I remember in the interview I had with Dr. Holyoke, talking about how the new students kept coming in, trying to keep up.

McFadden I'm sure it was a difficult time for the students and the faculty, in retrospect, because the classes just went on all the time with no opportunity to work breaks in. Much of the program became rather didactic so we spent large numbers of hours in the classroom position listening to lectures and conferences.

Hetzner The program, though, even the normal program back in that time, was there very much clinical work on the part of the students?

McFadden Well, it depends on the way you look at it. We had considerable in the junior and senior years although the faculty at that time, clinical faculty, was somewhat depleted because of the war. At that time it was the practice in the junior and senior year both, to serve clinical clerkships which were done on rotation and at that time the workup of a patient was a rather detailed workup of history and physical examination which is not unique, but in addition we had to write a clinical pathological correlation on history and physical findings, the lab work, the progress of the patient, and the library review of whatever disease was involved. So although the numbers of patients we saw as individual students were not huge, we did work them up rather thoroughly. In addition, typical ward walks happened as I'm sure happen today, and in addition during the junior year we had rather extensive didactic clinical coursework. We were required to read

Cecil's textbook of medicine from cover to cover, and I remember the weekly quiz section, my quizmaster was Dr. Morris Margolin, who was a very thorough and rigorous examiner each week, so each of us did our best to be well-prepared for that particular session.

Hetzner Where along the line did you decide you would like to specialize in pathology?

McFadden That came a bit later and I suppose the . . . during medical school I had always been interested in the reasons why things happen, and so the reasons why things happen in disease was somewhat the field of pathology. Also during medical school I became very interested in infectious diseases, what we now call medical microbiology. For some reason those courses fascinated me as a basic science student and as a clinical student, but really I like most things in medicine, and at the end of <sup>my</sup> medical student education I had eliminated a few fields that I didn't think I would like. By and large I liked most of them so I hadn't made up my mind really at graduation, and so in talking with Dr. Perry Tollman <sup>something</sup> about my career, he suggested I might spend the year in pathology as a resident until I made up my mind what I wanted to do. During that year I liked very much what I did and as I was shortly to go off into service, I continued during the service in that field and when I came back I guess I had so much involved in pathology, I gave no other field serious consideration. I certainly have not regretted my decision.

Hetzner At that time then, you came back after your war services, I understand, you had a lot of experience in lab work, you were in Berlin, did you have some stations here in this country before going abroad?

McFadden Yes, I had an accelerated internship and an accelerated first-year residency in pathology following which I went into the service and after going through the field training school in Pennsylvania, at which time the war officially ended, I went with a group of 75 physicians and 75 dentists as replacements to the ETO and on arrival . . . well, I spent some time, which I'll come back to, here in this country at Fitzsimmons Army Medical School in Denver, Colorado. There I spent eight or nine months, I believe, in instruction, actually as an instructor for medical technologists, radiologic technologists, surgical technicians, medical technicians, and the like, which was a training program really for army recruits to bring them along to a level of proficiency. In going overseas with the group, on arriving there were three of us who had had some training in pathology and we

were singled out by the colonel who addressed the group, and he then inquired if there were two persons interested in pathology. Following some looking around the room a couple of weak hands went up and they were enlisted then to be medical officers in laboratory ETO. Of the group of the three, I of course had had nine months in residency, and another chap had had nine months, and one chap had had 27. The one with 27 became the Theatre pathologist, the other two of us became the next ranking pathologists, believe it or not. I was assigned to Berlin and the other chap was assigned to Vienna. In Berlin, which I knew a great deal about, of course I was an isolated city by the Russian zone, and I went in by train which required orders signed personally by the four commanding generals of Berlin from the occupied forces, so once there I didn't have easy time to travel around Europe, so I spent most of my time in Berlin proper. The 279th Station Hospital was the station hospital for American forces in Berlin and I was the chief of laboratory services while I was stationed there. Many interesting things happened during that period of time . . .

Hetzner I'm sure there must have been. Being thrust into a situation where you're entirely in charge and your superior was off someplace else?

McFadden That's correct. I was in the Theatre laboratory so we had very little opportunity for communication and most of the physicians of the hospital were other young physicians such as I was. I think the hospital worked very well and I think we gave good care. Fortunately the people we had to take care of them were relatively young and healthy so while we saw a considerable variety of illness, I'm sure it would not be the same as a community hospital here.

Hetzner But these were not battle casualties?

McFadden No, these were not battle casualties. These were the occupation forces.

Hetzner Well, then you came back to Nebraska and the Medical Center, the College of Medicine then it was. This was about when? 1944

McFadden I came back in 1948 and sorta picked up the threads of my education and career at that time. On coming back I did look around the country a bit first about where I might choose to locate. By that time I was married and we decided to return to Omaha and complete my education in pathology and that we did. Because of my interest in microbiology I also did work with Dr. Gunderson in that area



and time period. My training period was a little extended because of duality of my interests and types of things I was doing here.

Hetzner At that time it was the Department of Pathology and Bacteriology, wasn't it?

McFadden That's correct, and during World War II Dr. Gunderson had done a lot of research with the armed forces dealing with food and the processing of foods, eggs and perishable products in particular. As a result of that he had continuing research in that general area at the conclusion of the war and I participated in some of that in those early years.

Hetzner There wasn't a great deal of research going on on the campus at that time, was there?

McFadden That's correct. Certainly not by what we would consider levels of research of today. The departments were all quite small and there was no real full-time clinical faculty except for Drs. Gedgoud and a physician in OB-GYN whose name escapes me . . .

Hetzner Brown.

McFadden It was Dr. Brown, and so basically there were relatively few people for the educational and service functions. While research of high quality did go on, it was not voluminous and certainly not voluminous when compared with that in larger schools.

Hetzner Or like it is today.

McFadden Correct.

Hetzner You mentioned full-time clinical faculty. About this time is when they started talking about full-time clinical faculty.

McFadden That's correct. It was shortly after I came back. I don't remember the precise years when the changes occurred. I hadn't thought about it for a long time so I don't remember exactly when there began to be an influx of full-time clinical faculty who initially were brought in as chairmen of major clinical departments



to serve in that role.

Hetzner Who was Dean when you came back?

McFadden The Dean when I came back was Harold Lueth. Dean when I went away was Dr. Poynter. Of course I had not known Dr. Lueth prior to coming back to the campus.

Hetzner If I remember correctly, it was during Dean Lueth's tenure that some of the full-time faculty began to come in.

McFadden That's correct.

Hetzner As a member of the basic science department, were you involved in the controversy that grew up around the decision to bring in full-time people?

McFadden I suppose, in some degree. In looking back on it, I don't particularly see that event as particularly controversial. I didn't hear a lot of controversy about bringing in the initial chairmen of those departments. I think there became some controversy later when there was discussion of enlarging those departments, increasing the number of full-time faculty in clinical departments and lessening the role of the volunteer faculty.

Hetzner There seems to be, in the interviews I've conducted, some concern on the part of the people in the clinical departments.

McFadden I think really, at that time, there was probably a mixed feeling both among full-time and the voluntary faculty as to the wisdom, and I'm sure many of the voluntary faculty supported a full-time clinical faculty, and others did not, so I suppose it depends a little on where you sat or who you talked to, as to how big a controversy this was envisioned and was.

Hetzner I think even now, talking to various people, your appraisal of the situation is very accurate.

McFadden Probably the biggest controversy that I saw was the one which was related to the possibility of building a new University of Nebraska Hospital which would be of

larger size than our current hospital and in a different location. Of course this discussion came considerably later than we're talking about at the moment.

Hetzner Yes. When you finished your residency then, or did this happen at the same time? What I'm trying to get at is your first faculty appointment.

McFadden My first faculty appointment would have been at the time I was still a resident or fellow and I think I had some kind of a faculty title, in 1948. At the same time I was a fellow or resident in pathology and bacteriology, and I was a bit of a procrastinator in taking my specialty board examination. In '51 I had really completed my training a couple of years before that but I didn't get around to taking the examination until that time.

Hetzner Now you're giving it.

McFadden Right. That's correct.

Hetzner You did some teaching while you were in the army on the level of medical technology. How do you feel about teaching, or when did you get the . . .

McFadden Well, I had done a small amount of teaching as a resident for the service and participated in student study sessions and had given a few lectures. The army experience was actually an excellent one. The colonel in charge of the program was dedicated to having good training officers and there was a young professional in educational techniques which was very useful to the group of young physicians assigned to that duty with no particular background or ability. I can remember many times when the faculty would be shorthanded, we might give as many as eight lectures in a day, believe it or not, an hour in length each or 50 minutes in each, so one got lots of practice and lots of repetition. But this young officer was very good in analyzing our material and helping us to see what we actually did. He recorded some of our lectures and played them back to us. One couldn't believe how you sounded or what you said and all of those kinds of things, so I think that was really a very helpful thing for me to do. Of course when I did come back, I did a great deal of teaching and I've always enjoyed teaching and I've always enjoyed the education of students and tried to help them. That's kind of a fun thing for me to do.

Hetzner It's also a very good reason why you've been singled out many times by the students as an outstanding teacher.

McFadden Yes, I hope that's true, and I appreciate very much those awards. I suppose in recent years I haven't been as close to the classes as I was in those earlier years, and I don't give as many formal courses or lectures currently as I used to do. In those years we came to know individual students much better than today largely through formal laboratory sessions which all of the basic science departments had so there's probably a decade or two of student groups that I know all of the students very, very well by name and what they're doing and where they are, and of course I know them much better than I know the current group of students which is unfortunate but is real.

Hetzner Yes, but one cannot be involved in administrative affairs as much as you've been and still be involved in the classroom and lab situations.

McFadden That's correct.

Hetzner I would like to have you enlarge a little bit upon the reasons behind and the progression of the Department of Pathology and Bacteriology and how it split up into Pathology and Microbiology.

McFadden Well, I don't know all of the background or probably all of the reasons for that decision but at that particular point in time the Department of Pathology and Bacteriology was a combined department, and the Department of Physiology and Pharmacology was a combined department. Shortly after World War II there was a considerable thrust in medical education to separate departments of that sort into the fundamental disciplines of each, and so there was considerable discussion at the national level, and I remember vaguely that there were discussions from the accreditation groups who periodically reviewed the College of Medicine that it would be desirable to divide these disciplines and allow them to grow. Of course both departments ultimately were divided, Pathology and Bacteriology earlier than Physiology and Pharmacology, but that probably related with <sup>the</sup>tenure of chairmen

(End of Side A of tape)

internally. I know in talking with Dr. Millard Gunderson, who was a close friend of mine, that he welcomed the division of Pathology and Bacteriology. He felt that each was a discipline unique in its own aspects and that they should be separated to allow them to develop optimally so that neither one would impede the development of the other. I think he also welcomed the opportunity to potentially head a Department of Bacteriology or as it became known as Medical Microbiology. I was not aware of any great faculty ferment for such divisions. Faculty groups were small at the time. There weren't any particular debates in the faculty or the administration concerning these that I'm aware of, and so the decision when implemented was not debated a great deal. Certainly I didn't hear a lot dissent concerning the separation.

Hetzner Well, the content of both fields probably was growing to such an extent that you really needed a separation.

McFadden Oh my, yes, there's no question about that. It was very, very difficult for whoever would try to chair such a large combined department and really do justice to all areas and even be informed to what was really going on in the disciplinary areas of their department. Thinking back on <sup>the</sup> textbooks I had as a medical student to what they are today, the development of the discipline is just totally unreal. For example, all of virology was covered in a single chapter of our textbook of Bacteriology. Of course, now it's a lifetime discipline for professionals in that particular field. Medical Microbiology is a big composite. I mention virology, and I should point out that very early in the combined department Dr. Oliver and Mrs. Helen Reihart became interested in studies of virology, particularly poliomyelitis virus and some animal viruses, and they initiated some work in the department which were the beginnings of our current virology laboratory. Subsequent years and for a considerable period of time, our virology laboratory has been headed by Dr. Roberta White, and she has done, in my opinion, a very professional, a very outstanding job in helping develop this laboratory until now it's a unique resource of the State of Nebraska. In fact, at this time it's the only complete and real virology laboratory we have. She does considerable work for the State Department of Health, and of course we center all of our service and research and educational aspects of virology on this one area, and of course the types of techniques you must use, and so on, in the development of the field, are

beyond anything I would have dreamed about when I was a student. For many years I think physicians thought that virology wasn't very practical. It was interesting but wasn't going to affect them too much. They couldn't do anything about it. Well, that's no longer true. The state of the art is such that it's a very, very important part of medicine today.

Hetzner That's right. Well, now when did you get from medical microbiology and teaching . . . how come you got over into the administration side of things? Before we do that, I guess we ought to talk a little bit about what happened during the Tollman administration and the Wittson administration.

McFadden Well, early on in the department when the department was divided, I had a very difficult choice to make because I very much liked pathology and what became medical microbiology. And quite by chance, I suppose, I stayed with medical microbiology with Dr. Gunderson. That would have been in about 1955, I believe, the department was divided, and about that time he became very interested in consultative work and in the area of food microbiology, and he was called about the country a great deal in this regard, and he had close ties with the Swanson food company and they were trying to encourage him to become a consultant for their laboratories in all aspects of microbiology and foods. And he resisted those temptations which were offered considerably more financially than he was making as an educator and worker at the college but about the time that the Swanson foods decided to merge with Campbell Soup, they made him an offer which he felt he couldn't turn down. So he went with them and then for a time stayed on the faculty in a voluntary way. At that time there really wasn't a lot of back-up in the department. For some reason they asked me if I would be the temporary chairman and I agreed to do this and ultimately about a year later they made me the chairman of the department. At that time there wasn't a formal search process as we have today, and who made that decision I'm not sure but at any rate, the offer was made. I decided to accept it. Following Dr. Lueth as Dean, Dr. Tollman, of course, became Dean and at that time he was in the Air Force, and he came back to assume the role as Dean. Of course he's a person of whom I'm very fond and Dr. Tollman is undoubtedly the fairest human being I have ever known. I have more respect than I can tell you for him. He was so fair, in fact, that it seemed to his close friends that sometimes he leaned over backwards to be maybe not quite as fair to those he knew very, very well.

At any rate he was a very fine man and did a lot to develop the educational and service programs of the University and <sup>its</sup> Medical Center. Subsequent to his tenure as Dean, of course Dr. Cecil Wittson is also a very close friend and a very unique individual and in a different way became Dean. When Dr. Wittson became Dean we were in a period of great expansion of research and development of medical centers around the country. And he had a unique capacity to generate new ideas and new concepts, and I'm sure he must have laid awake many nights or risen early many mornings to think of the ideas that he generated. He usually tried his ideas out on a limited number of people and sometimes they were, in the view of those discussing them with him, kind of outlandish and some of those ideas just disappeared but many of his concepts were excellent and possible and doable and he did them. He had an enormous ability to organize people and to working groups to get things done, and was very capable in his dealings with the Legislature, <sup>with the</sup> central administration, with the University, with federal granting agencies, and the like. And so he presided over a very considerable expansion of the building program of the campus which was long overdue and highly desirable. So I have only the best memories of those individuals.

Hetzner I think we all do. Well, were you involved in the .... I know you were involved in the planning of Wittson Hall.

McFadden Yes -

Hetzner How about the hospital?

McFadden To a certain extent. Of course the hospital was built in several spurts, and the earlier spurt was largely under the leadership of Dr. Tollman at the working level. The latest addition to the hospital and the remodeling of much of the older facilities came under the generation of Dr. Wittson, and I probably played a role in listening to his ideas and saying "That's great" or "I don't think that one's so good." But I did, along with other faculty in Pathology and Anatomy and Microbiology, participate very much in the development of Wittson Hall. And I think the faculty are generally proud of the working arrangements which are pleasant in Wittson Hall, and they've proved in the 12 years since to be very workable.



Hetzner That's about the time that it takes to really find out whether your plans for the immediate future . . .

McFadden The only planning that went awry, and over the long haul it probably will not, but at the time Wittson Hall was planned, the basic science departments for the most part had extensive laboratories, so after discussions about class size, interdepartmental laboratories were built in Wittson Hall. About the time we completed it we went on the three-year curriculum which of course did not allow laboratories. And so working student hands-on labs sort of faded in the last twelve years and we've continued in microbiology demonstration type laboratories. With the reinstitution of four years we have begun to put in just a few student hands-on laboratories. I guess we haven't analyzed to date whether we'll really develop it as we had it in the past or not.

Hetzner Have you found the use of audiovisuals or those learning resource materials helpful?

McFadden I think so, and certainly from the standpoint of the student they have far more aids to assist them with the educational process than I had as a medical student. In my day we had fundamentally our textbooks, the medical library that we could ferret through as individuals, and the talents of the faculty as lecturers. Oh, there was an occasional movie which might be shown but that was about the extent in audiovisual usage and production. There are a great many different approaches now and I think the diversity of these may confuse the students from time to time a little bit because there's so much available to them that sometimes I wonder if they don't collect it in a pile on their desk at home and never bother to get through all of it.

Hetzner Or take any time to analyze it and see whether they want to accept that.

McFadden That's correct. As a student personally, we had to do all of our reviews as individuals or in groups generated ourselves, and of course the review process is much more part of the educational program today than it was at that time which has many good benefits but for many students I'm afraid it denies them the opportunity to really do the work to organize all of the data in their own way, and they accept someone else's organization which I think to be a bit of a handicap. Overall, those facilities are great. Certainly the educational



facilities in the library are quite different than I saw.

Hetzner Even when we started the library we weren't just sure how it was going to go.

McFadden I'm sure that's right.

Hetzner The amount of hardware and software that's available now is just ... well, we didn't even know about it then.

McFadden That's correct. Computers were a dream .

Hetzner Well, so Dr. Wittson decided that he would retire and by this time they had this search committee review bit. And so we needed an Interim Chancellor.

McFadden Yes. The first knowledge I had of this was an approach from Dr. Wittson himself indicating he was thinking of retiring and if he did, and if I were asked, would I consider the possibility. I don't know what discussions, if any, he had for that discussion with me but I thought about this for a few days and told him I really hoped he wasn't going to retire at all, and that if he did he would wait himself through the search process so there would not be need for an interim position. He believed at that time that was not a desirable thing to do and subsequently I was asked to serve during that period, which I did. It was a very unique and different kind of experience than I had ever had before, and subsequently Dr. Robert Sparks was chosen as Chancellor of the Medical Center. Now Dr. Wittson had served both as Dean and the first Chancellor, but by the time he retired he had separated the two positions. There was a Dean of Medicine in place at the time, and how wide the discussions were, I really don't know, Bernice.

Hetzner Well, this went on for almost a year, didn't it?

McFadden Correct. It went on longer than I anticipated or the people who talked to me, it was President Varner who asked me officially to fill the position. I thought, or he thought, it would be perhaps three or four months at most, the great outset six, but I'm afraid the search process is ponderous and slow, so it really lasted a considerably longer period. It wasn't a full year but was the better part.

Hetzner It seemed like it.

McFadden Yes, it seemed like it.

Hetzner What were some of the big woolly worms that crawled out at that time?

McFadden Well, when I sort of was into ... went into the position there was considerable budget debate and so I was thrust into budgetary considerations with the Medical Center and Central Administration, the Legislature, and that was quite a new experience for me as you might anticipate. And I was also always amazed by the number of calls that the Chancellor of a Medical Center receives about all sorts of issues, many of them to the person who serves in the post relatively minor, others of them relatively major, quite a number of calls of complaint, problems real and imagined, and many calls about which one could not do much. I always felt that Friday afternoon was the period when I was apt to have visitors from the faculty or the staff coming to the office to tell me about problems. At that time usually the problems were of such a nature that after listening they were often dispensed with by the statement, "Well, what do you really expect me to do about it?" Often the individuals had not thought about that. They were surprised and often said, "Well, just to listen, I guess." So sometimes those afternoons were therapeutic, I suspect, rather than really helpful in decision making<sup>or</sup>/implementation. When I did take the post I did indicate that I didn't want to be just a caretaker who would do nothing, but I'd have to have the authority and backing to continue to do the things that had been started and so on. I did my best not to allow things to gear down that way.

Harry W. McFadden, Jr.

Friday, May 15, 1981

Continuation of interview conducted by Bernice M. Hetzner

Hetzner In our first interview I think we got as far as your first Interim Chancellor appointment and Dr. Sparks was mentioned just briefly. Would you like to pick it up from there?

McFadden Yes. Dr. Robert Sparks became the Chancellor in 1972, approximately at mid-year, if my memory is correct, and he was a very talented, interesting person. His educational career, I believe, was at the University of Iowa, and subsequently he was on the academic faculty at Tulane University. His background was in internal medicine. Bob Sparks was a sort of low-key person from my point of view, not a high-pressure, high-salesman type individual, who really was very interested in programmatic review and the development and implementation of sound programs, so I believe he was an excellent choice as Chancellor for the Medical Center because he followed Dr. Wittson who was very much a developer of new programs and buildings and new things of all sort, and Dr. Sparks was an individual who was interested in consolidation of programs and implementation and development of the program at an operational level. So I think he was a very healthy person from my point of view to help with the actual development of the programs and strengthening of the programs so they would be on-going.

Hetzner Was this the time that the three-year curriculum was introduced or had it been introduced earlier?

McFadden No. That had been introduced earlier during Dr. Wittson's tenure. I wasn't thinking necessarily so much of the development of the medical program or the program for medical students as those in allied health professions, in nursing, graduate affairs, pharmacy -- all of the organization of academic programs for the whole campus. And of course it took a great deal at the administrative level as well as the faculty level to interdigitate all of these programs into a reasonably functional thing. It took a lot too to help develop the budgetary support and things in legislative understanding of what was actually being done.

Hetzner At one time I heard a comment that the University of Nebraska Medical Center

hadn't realized yet it was a medical center and still operating as a college of medicine. Do you think that was a very valid appraisal of the situation?

McFadden Oh, I don't really know. I'm sure that there would be those who would feel that way very strongly and those who wouldn't. I guess I never thought very much about that, Mrs. Hetzner. Actually I think perhaps some who were closely allied with the College of Medicine would feel that they were giving up a great deal and some who were not closely allied with the College of Medicine would feel that the College of Medicine had all of the fat and they had all of the lean, and so I think those perceptions pretty much, at least from my point of view, were individualistic ones. I guess I don't know what the truth is, to be honest.

Hetzner Maybe it's because we're so close to it, we're involved in it so much. This comment, I think, came from someone who came here from the outside.

McFadden Well, of course it was a considerable transition with the change to a College of Nursing, the pharmacy college joining the campus, and so on, so there was a decade of great transition. I suppose it began in about 1968 and has continued, in some degree at least, to the present.

Hetzner At the time that they made the decision for pharmacy to come up here, was that discussed with the faculty or was the discussing done by the administration only?

McFadden Oh, I think both was done as far as I recall. I guess my memory must be slipping a little bit or not as good as it used to be. But I do know that there was considerable discussion administratively of the issue. There was certainly a great deal of discussion in the faculty of the College of Pharmacy and at UN-L, and there was a great deal of discussion on this campus. Insofar as how much of the discussion was meaningful in the decision, it's difficult to be totally sure. From my personal bias and personal point of view, the move academically and for the purposes of the College of Pharmacy and its faculty and students, I think the decision was a very sound one because it put them into the position to participate in education with the bulk of the medical team that they would normally participate with, both in hospital and in an outpatient type of setting. And so I think it's far easier for their faculty

and students to operate and communicate now than was true in the past.

Hetzner I can remember that at one time they had some discussion about moving pharmacy up as early as 1950, I think, before they built Lyman Hall, and I, as director of the library, was contacted to ascertain what it would mean in the way of library services if they were added. But at that time they decided to stay in Lincoln.

McFadden I think that's right. At about that time new space was acquired and a new building was built on the UN-L downtown campus for them, and I remember something about those discussions at that time. But it is really very hard to move a group of people or college or unit because they have their ties to the locale they're in, so it's understandable, but I think if you look at it in the long term, at least from my perspective, it was a sound decision. I think they should be happy with their decision as the years go on.

Hetzner At this point it just feels like they've always been here, doesn't it?

McFadden Yes, indeed it does. That's right.

Hetzner Could we go back a little bit in time and talk about Children's Hospital?

McFadden Surely.

Hetzner What are your recollections on the Children's Hospital as it was established here and then the more recent decision to move off-campus?

McFadden Well, the original situation, as I recall it, was that fundamentally each of the hospitals in Omaha had a pediatric section or pediatric unit or pavilion or whatever you might wish to call it, and if you remember back to that time, the antibiotics were not as available, infectious diseases were of a different sort than they are today and in a general way much more of a problem or threat to young people, and so there was really considerable need for the development of a children's hospital at the time that it was developed. And I don't really know who <sup>were</sup> the principal promoters of the idea, who really did the behind-the-scenes and the actual work to develop the Children's Hospital, but at some

point in time the World-Herald as an organization became interested in a children's hospital, and from my perspective and my vantage point at that particular time, they were the spearhead force really in the fund raising for the development of Children's Hospital, and they were the ones who by popular subscription developed the basic funding for it. At that time an agreement was worked out with the University of Nebraska for space on a lease kind of arrangement; I believe it was a 99-year lease, if my memory is correct. And of course this was really one of the first steps in the development of this campus as a true medical center. Of course the hospital was developed so that all might have access to it -- Creighton University Medical School, our own College of Medicine, private practitioners, and the like. And so at the time it was built, it met certainly a very great need, not only for patient service and care but also for education and the development of research. After it was developed I don't whether all of the associations between Children's Hospital and our own pediatric group and Creighton's pediatric group were ever fully realized and implemented to best advantage, but certainly the association/<sup>and the</sup> proximity was an excellent one for our undergraduate medical students, nurses, for persons in graduate medical education, it was an excellent opportunity. The change in the shift of Children's Hospital, I don't know all that's involved -- the needs of a children's hospital certainly have changed with the years -- but some of this issue came to its head while I served as Chancellor, one of the periods, I've forgotten which one. At that time I felt that the move of Children's Hospital away from the Medical Center was not in the best interests of the Medical Center and the student body and the education that was involved, and I guess I still feel the same way, Bernice, at this time. I certainly don't oppose the desire of the Children's Hospital group to modernize their facilities, and I can understand the desire of a group of physicians and others at the Nebraska Methodist Hospital to want to associate themselves with the Children's Hospital group, and I'm not saying that education can't be done there as well as it is on the campus, but I just felt that on balance overall it would pose some problems down the road, and so I was not a supporter of that particular move.

Hetzner    Do you think that the pediatric department might move over there eventually?  
We're just speculating now.

McFadden Do you mean for patient care?

Hetzner Yes, for patient care,

McFadden I really don't know. I think there are so many changes going on in medicine and how it's practiced, how the care is delivered, that it's difficult to say. If our pediatric unit grows up and develops with a somewhat different mission and goal so that it's not fundamentally duplicatory of what will be done at Children's Hospital, something might be done, but certainly there's no reason to have two large pediatric hospitals if there's need for so many functional units or areas. So, the decision having been made, right or wrong, I guess I hope all the people intimately concerned with pediatric care will get together and do their best to make it work for everybody.

Hetzner Iron it out.

McFadden That's the way I feel about it.

Hetzner Well, along that same line, the University of Nebraska College of Medicine had very good relations, or at least continuing relations, with affiliated hospitals.

McFadden Yes.

Hetzner How do you think that has worked out?

McFadden Well, I think reasonably well. I think much more could always be done in this area. I think if one looks at the number of medical students and other students on the Medical Center campus and then looks at the size of the University of Nebraska Hospital, it doesn't take great genius to realize that the number of patients and the number of beds and the variety of activities are not sufficient for optimal education at this time. So I think for this school as well as for any school in this day and age, there's a great need to participate with and use other hospital and educational facilities in the best possible way. And so I think we have been fortunate really, and through the years, to have voluntary faculty members who are



willing to participate and other hospital units that wish to participate. I think this is an area which needs really further development and has been done. I realize it's a difficult area in the sense that the communication required to get agreement and understanding and cooperation isn't easy but it's something that has to be done if true educational goals are going to be met.

Hetzner It's probably more difficult now than it was, say, ten or fifteen years ago.

McFadden I suppose so, and probably some of this has to do with patient care costs and how costs are met, and with the suggestion by the federal government of Medicare and Medicaid that they're not willing really to support educational costs in the management of patients. And so I think that poses a problem for hospitals and educational units whether they're teaching hospitals per se in a medical center or hospitals participating in teaching with a medical unit of some sort. I think that's going to be a very difficult issue for a decade or so but it's obvious that it has to be solved because one can't continue to have good physicians and nurses and other allied health professionals without having them have practical experience and opportunity to study with individuals who do have experience in the care of patients. It seems to me that you can't expect a student to learn something from textbooks or lectures and then immediately use good judgment and appropriate technique with a patient. Life's just not that way.

Hetzner Well, I'm kinda skipping around here but you mentioned infectious diseases, and it seems to me I recall that at one time you were, maybe you still are, heading up a committee, the Infection Committee, for the hospital.

McFadden I'm not chairman at the present time. Dr. J. Calvin Davis, III, is the chairman of that committee in recent years, and he's a very talented individual, but I have continued to be a member of that committee, and of course there has been great evolution in infection control committees in all hospitals. It's a very significant thing. I guess all hospitals have organized their medical staff, and every other staff, in a much more optimal way than was true in the past. I think the organization makes it somewhat cumbersome, the paper work gets kinda deep, the trees and the forest I think sometimes shudder because of the paper work involved, but I think basically more problems are addressed

than used to be addressed. I might just comment on some of the issues there that relate to infection control. I think with the advent of antibiotics and the continuing parade of new antibiotics and modified antibiotics, many people feel that infectious disease is no longer a significant problem, and they feel that the so-called civilized world, if you will, have controlled the great plagues and so on. And this is true but those organisms still are present in society, and so the modern educated physician or health professional has to be aware of those. But as a result of antibiotics and of other advances in care, we've just got a whole new set of problems which are added to the old. For example, for the average general physician or family practitioner, over a quarter of his patients or her patients seen every day have a problem with infectious disease. At the current time in our hospital, approximately 30% of all patients in hospital are on antibiotics all the time, and this implies that they have an infection or they have a potential infection or something of the sort, and of the patients hospitalized in the United States, it's estimated that about a million a year develop a nosocomial infection or a hospital-acquired infection which complicates their hospitalization, delays their recovery or threatens their life, in a number of instances is responsible for their death. So I see our medical students go through their educational process really not realizing the problems they face, and then suddenly somewhere along in their graduate medical education beginning to put things in proper perspective. I think that's a general perception of people not medical as well. Of course it's just not a valid consideration at all.

Hetzner That surprised me -- 30% -- but when I think back, yes it could be.

McFadden Infections and the organisms that cause them just haven't gone away. And another change has been the very great development in the field of virology, and of course when I started out this was known, of course, but it was something that one couldn't really do much with or do anything about it. It was a research area fundamentally. Of course it has developed now and it's<sup>a</sup> very practical concern and we now have a few drugs that can begin to address therapy or prevention of viral diseases. I suspect in a decade or two we'll consider treatment of viral disease much the way that we treat bacterial infectious diseases or the parasitic or infections. And I'm always amazed by the lag in development of the educational process.

Hetzner Well, along that line, in my experience particularly with the National Library of Medicine, we're always hearing that there are important developments that are not communicated to the practicing physicians, and we're continually asked what are you doing about it? If you have any suggestions, give them to me because there are a lot of people out there who want to know.

McFadden I don't have any good suggestions because most of the things to be communicated are research, developmental, statement of principles, or reassessment of an old principle and finding out it's not true, modifying and changing it. And of course those are of interest to some people and fortunately that's true, and they'll be the leaders and educators in each fundamental area or discipline. I think to communicate with the practitioner, he has a very difficult problem; fundamentally everyone who talks about, at the moment, about the probable overproduction of physicians, I really wonder if this is true because when I talk with practicing physicians, most all that I know, young or old, are much too busy really for their own good health and welfare, and much too busy to have the time to give to their patients as would really be desirable. And because of the pressures they're under, I think when most of them go off for continuing education or read, they want to see things that they can translate into their practice that's going to improve the lot of their patients. I think when we talk about that communication, if we're going to talk about principles and new theoretical ideas, that's fine, but they have to be sandwiched in with things that the individual can take home, put into practice and use. I think that's true for the bulk of people, and so I think oftentimes in the medical centers we miss the mark pretty widely in continuing education of physicians and health professionals. They don't really go home with the idea that they really learned something that they want to develop and use right now.

Hetzner Do you think this idea of collecting credits for continuing education is going to complicate the problem further? They take it because it's there and --

McFadden Well, I think you know the intent of continuing education points and the use of continuing education for certification or recertification or licensure, the

intent is a good one. The intent is to keep people up-to-date and current, and there are always those who believe they can legislate things to be so. And so it probably will have some effect for some in the field, however, that's a deterrent, they hate to be legislated and hate to be controlled, and so they get a mind set which is against the very thing that's intended. So I suspect that some of this will wane after a while but certainly at the moment continuing education per se is a must for many people. I know to continue my license in the State of Iowa I have to come up with so many Category I points each year or state the reason why.

Hetzner In the good old time tested continuing education of reading, that doesn't count?

McFadden Well, strangely enough, it is beginning to count. There are a number of systems which have been worked out, usually with a college or a university, which if you read a certain periodical and take certain tests which are mailed to you, a certain university will qualify you for so many

End of #2A

McFadden a nurse originally, from Great Britain. Where she and Dr. Gunderson met, I don't know or don't remember, but they lived close to the campus just across the street near the Phi Rho fraternity house which was the cause for many interesting stories through the medical years. Gundersons had, Gundy had two adopted sons who were relatives of Mrs. Gunderson. Their parents had been killed in an accident of some sort in Great Britain. One of these men, Shawn Gunderson, went on to go through medical school and became a radiologist and practices now in Goshen, Indiana. The other one, Bryan, became interested in the armed services, the Air Force, and is currently, I believe, a general in the U.S. Air Force. Both of them were really very successful people. Dr. Gunderson had many interests and he was very interested in people as well as microbiology. He did a lot of research, particularly in

food microbiology before, during and after World War II. As I indicated before, he took a position with Swanson Foods just before their merger to Campbell Soup Company. After a year or two he went off to New Jersey to be one of their senior persons in that discipline, and then he came back to Omaha only occasionally after that time. He ultimately, when he retired, he and Mrs. Gunderson returned to Waukon where they lived for a number of years and I saw them on occasion, either here or there, until their deaths. They were wonderful people and very kind, very helpful, to many medical students.

Hetzner I was going to say -- they apparently were influential people as far as the students were concerned. I remember Dr. Mary Jo Henn talking about them.

McFadden That's correct. Mary Jo knew them very well and lived in their home for a number of years. Dr. Henn worked in the laboratory in bacteriology before she went on to Mayo Clinic for a few years of work before she came back and went to medical school, as a matter of fact. She remained close friends with Dr. and Mrs. Gunderson through their whole lives, both of them. But it wasn't well known that Dr. Gunderson befriended, aided many students financially and otherwise through their careers in medicine.

Hetzner I can remember him as a very interesting raconteur.

McFadden Oh yes, very widely read, very intelligent type individual.

I do have to go now; can we finish this another time?

Hetzner Oh, sure. We'd like to hear something about your family and what you think about for the future for yourself and for the campus.

McFadden I'd be glad to do that.